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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*MA Mah*\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*MA Mah*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/03/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 1	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Monica Goss</i> Examiner's Signature	<i>Mah</i> Initials			

## ADDRESS

490

## TITLE

Medical device with varying physical properties and method for forming same

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